## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10676636

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |  |   |                 |                  |                                  |                  |      | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN OR SMALL ENTITY |                        |
|--|--|---|-----------------|------------------|----------------------------------|------------------|------|---------------------|------------------------|---------|----------------------------|------------------------|
| TO   | TAL CLAIMS   |   | 16              |                  |                                  | -                | Γ    | RATE                | FEE                    | [       | RATE                       | FEE                    |
| FOF  |  |   | NUMBER FILED    |                  | NUMBE                            | R EXTRA          |      | BASIC FEE           | 385.00                 | OR      | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   |                 |                  | * (                              | 0                |      | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| INDEPENDENT CLAIMS 2 minus 3 =   |  |   |                 |                  | *                                | )                | İ    | X43=                |                        | OR      | X86=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |                 |                  |                                  |                  |      | +145=               |                        | OR      | +290=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |                 |                  |                                  |                  | ł    | TOTAL               |                        | OR      | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  |  |   |                 |                  |                                  |                  |      | SMALL ENTITY        |                        |         | OTHER THAN SMALL ENTITY    |                        |
|  |  | (Column 1)                                |                 | (Colu            | mn 2)                            | (Column 3)       |      | SMALL               |                        | OR<br>• | SWALL                      | ADDI-                  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI     | HEST<br>1BER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |      | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | TIONAL                 |
| DME  | Total  | *   | Minus           | **               |                                  | =                |      | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| MEN  | Independent  | *   | Minus           | ***              |                                  | <u> </u>         |      | X43=                |                        | OR      | X86=                       |                        |
| ₹  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |                  |                                  |                  |      | +145=               |                        | OR      | +290=                      |                        |
|  |  |   |                 |                  |                                  |                  |      | TOTAL               |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|  |  |   | ADDIT. FEE      |                  |                                  | ,                |      |                     |                        |         |                            |                        |
|  |  | (Column 1)                                | <del></del>     |                  | ımn 2)<br>HEST                   | (Column 3)       | ו ר  |                     | ADDI-                  | 1       |                            | ADDI-                  |
| 8<br>1-  |  | REMAINING<br>AFTER                        |                 | PREV             | MBER<br>NOUSLY<br>D FOR          | PRESENT<br>EXTRA |      | RATE                | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
| AMENDMENT B  | Total  | *   | Minus           | **               |                                  | =                |      | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| MEN  | Independent  | *   | Minus           | ***              |                                  | =                | 4    | X43=                |                        | OR      | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                 |                  |                                  |                  |      | +145=               |                        | OR      | +290=                      |                        |
|  |  |   |                 |                  |                                  |                  |      | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FE         | E                      |
|  |  | (Column 1)                                |                 | (Col             | umn 2)                           | (Column 3        | 3)_  | ADDIT: I LL         |                        |         |                            |                        |
| AMENDMENT C  | `  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIC<br>NU<br>PRE | HEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT<br>EXTRA |      | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
| DME  | Total  | *   | Minus           | **               |                                  | = .              |      | X\$ 9=              |                        | OF      | X\$18=                     |                        |
| MEN  | Independent  | *   | Minus           | ***              |                                  |                  | 4.   | X43=                |                        | OF      | X86=                       |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDE   |   |                 |                  | NT CLAIN                         | и [_]            | لـ   | +145=               |                        | OF      | +290=                      |                        |
|  | If the entry in col  | umn 1 is less than                        | the entry in co | lumn 2, w        | rite "0" in c                    | column 3.        | no " | TOTAL               |                        | OF      | TOTA                       |                        |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                 |                  |                                  |                  |      |                     |                        |         |                            |                        |